

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014666
STATE FILE NUMBER
Registrar's No. 3780

FILED MAY 6 1959		Registration District No. _____		Primary Registration District No. _____		Registrar's No. 3780	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3543 Bingham Ave. - Apt. 101 Length of stay in lb _____				d. STREET ADDRESS (If outside, give location) 3543 Bingham Ave. Apt. 101 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Henry A. Bauer				4. DATE OF DEATH Month Day Year April 14, 1959			
5. SEX Male o		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 28, 1899	
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Ashley, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Passenger Agent				10b. KIND OF BUSINESS OR INDUSTRY G.M. & O. RR.		11. BIRTHPLACE (City and state or country) Ashley, Illinois	
13a. FATHER'S NAME Joseph Bauer				13b. MOTHER'S MAIDEN NAME Wanda Spotanski		14. NAME OF HUSBAND OR WIFE Anna Bauer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 705-05-4201		17. INFORMANT Address 101 Mrs. Anna Bauer - 3543 Bingham Ave. Apt. 0	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct 104 DUE TO (b) Arterio Sclerotic Heart Disease 8 yrs. DUE TO (c) 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK <input type="checkbox"/> <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 3-28-56 to 4-14-59 and last saw her alive on 4-14-59 Death occurred at 11:00 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Karl Ungehy M.D.			
22b. ADDRESS 508 N Grand				22c. DATE SIGNED 4-16-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 17, 1959		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18, Mo.				25. DATE RECD. BY LOCAL REG. APR 16 '59		26. REGISTRAR'S SIGNATURE Karl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Herbert J. Lee Jr.

Licensed Embalmer No. *4800*

P. O. Address *Kirkwood 22 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.